

Sample Letter of Reconsideration for Insurance Claims

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Claims Department]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Request for Reconsideration of Denied Insurance Claim

Claim Number: [Your Claim Number]

Dear [Insurance Company Representative's Name],

I hope this letter finds you well. I am writing to formally request a reconsideration of the denial of my insurance claim, referenced above. I was informed of the denial on [date of denial letter], and I believe there has been a misunderstanding or oversight in the evaluation process.

The claim in question pertains to [briefly describe the nature of the claim, e.g., "a medical procedure I underwent on [date] for [condition/procedure name]"]. I have attached all relevant documents, including medical records, doctor's notes, and a detailed account of the incurred expenses, to support my request.

After reviewing the denial letter, I understand that the primary reason for the denial was [state the reason given for the denial]. However, I would like to provide additional information and clarification regarding this matter:

1. [Clarification Point 1]: [Provide a detailed explanation, including any new information or documents that were not considered initially.]
2. [Clarification Point 2]: [Address any misunderstandings or errors that may have occurred during the initial review.]
3. [Clarification Point 3]: [Include any relevant policy information, medical necessity, or expert opinions that support your claim.]

I firmly believe that the provided information demonstrates the validity of my claim and its alignment with the coverage terms of my policy. I have been a loyal customer of [Insurance Company Name] for [number of years] years and have consistently maintained my policy in good standing. I trust that you will give this reconsideration the thorough and fair review it deserves.

Please let me know if there are any additional documents or information required to facilitate the reconsideration of my claim. I am more than willing to provide any further details necessary. You can reach me at [your phone number] or [your email address] for any further discussions.

Thank you for your time and understanding. I look forward to a favorable resolution to this matter.

Sincerely,

[Your Name]